

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	R.H.		5/3
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>		535	06-14-01
<b>RESPONSE FORMALITY REVIEW</b>	CHS	866	12-31-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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12	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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11/11/01If more than 150 claims or 10 actions  
staple additional sheet here

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